

### Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** COUNTRYSIDE MANOR (0009425)

**Address:** 4232 W MINNESOTA CT, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0096146    **End Date:** 11/22/2005    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009494 Served 01/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.11(3)(a)	RESPONSIBILITIES		
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL		
83.21(4)(i)2	WRITTEN INFORMED CONSENT		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)2	ANNUAL EVALUATION UPDATED		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(4)(f)	MONITORING SYMPTOM STATUS		
83.41(1)(c)2	RESIDENTS WITH DIFFERENT CLASSES		

**Survey ID:** 0095156    **End Date:** 07/06/2005    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Survey ID: 0094806 End Date: 05/17/2005 Type: OTHER Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008808 Served 06/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	06/10/2005	Yes

**Survey ID: 0094018 End Date: 01/19/2005 Type: OTHER Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009060 Served 02/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	10/05/2005	No
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/05/2005	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/05/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	10/05/2005	No
83.21(4)(g)	FAIR TREATMENT	10/05/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	10/05/2005	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	10/05/2005	Yes

**Survey ID: 0092695 End Date: 05/25/2004 Type: OTHER Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008993 Served 06/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	01/19/2005	Yes
83.41(1)(c)1	SIZE	12/01/2004	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Enforcement History**

**Date: 01/06/2006**      **SOD #10009494**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.13(5)(b)

FORFEITURE---83.21(4)(i)2

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.32(2)(c)2

FORFEITURE---83.33(4)(f)

**Date: 05/17/2005**      **SOD #10008808**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

**Date: 02/02/2005**      **SOD #10009060**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.11(3)(a)

FORFEITURE---83.21(4)(g)

**Date: 06/07/2004**      **SOD #10008993**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---13.05(3)(a)

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

### Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

#### Complaint History

**Date Complaint Received: 05/18/2005**

**Date Investigation Completed: 11/22/2005**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/19/2004**

**Date Investigation Completed: 12/06/2004**

Subject Area(s)

ABUSE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/17/2003**

**Date Investigation Completed: 05/25/2004**

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*